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Adolescent Pediatric Pain Tool (APPT)

Availability:	This instrument is not currently available on the NINDS CDE website. Please visit this link for more information about the instrument: Adolescent Pediatric Pain Tool (APPT)
Classification:	Supplemental: Spinal Cord Injury (SCI)-Pediatric
Short Description of Instrument:	The APPT is a multidimensional self-report tool that assesses pain location, intensity and quality in children (Fernandes, De Campos, Batalha, Perdigao, & Jacob, 2014; Jacob, Mack, Savedra, Van Cleve, & Wilkie, 2014; Savedra, Tesler, Holzemer, Wilkie, & Ward, 1989). The APPT is comprised of three parts: body outline diagram (assessing pain location), with a front and back view for children to mark their pain; a word graphic rating scale (measuring pain intensity) which is a 10 cm line anchored by ‘no pain’, ‘little pain’, ‘medium pain’, and ‘terrible pain’; and a list of 67 quality descriptors that assesses the four dimensions of pain: sensory, affective, evaluative, and temporal.
Comments / Special Instructions	<p>Age range: 8 – 17</p> <p>Scoring: The APPT provides five subscale scores (Fernandes et al., 2014): 1) the number of pain sites as a measure of pain locations marked on the body outline (Savedra et al., 1989); 2) a pain intensity score measured by the word graphic rating scale (Tesler et al., 1991); 3) the sensory, affective, evaluative percent scores yielded from the number of pain quality descriptors (Savedra, Holzemer, Tesler, & Wilkie, 1993); 4) the temporal descriptors which yields a percent temporal subscale (Savedra, Tesler, Holzemer, & Brokaw, 1995); and 5) the percent of total pain quality and temporal descriptors as a total subscale (Wilkie et al., 1990).</p>
Rationale / Justification:	<p>The APPT can be used to measure pain in children with different conditions including cancer, sickle cell disease, orthopedic, traumatic injuries, and allergy testing. The validity and reliability of the APPT has been established by several studies (Jacob, McCarthy, Sambuco, & Hockenberry, 2008; Savedra et al., 1993; Tesler et al., 1991; Van Cleve, Munoz, Bossert, & Savedra, 2001; Wilkie et al., 1990).</p> <p>Strengths: The APPT is not limited to measuring a single dimension of pain dimension, but rather allows for measurement of multiple dimensions of pain.</p> <p>Weaknesses: The APPT while having demonstrated psychometric properties and clinical utility, and multidimensionality is limited to interpretations that can be useful and meaningful to clinicians.</p>

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References:	<p>Key reference:</p> <p>Savedra, M. C., Tesler, M. D., Holzemer, W. L., Wilkie, D. J., & Ward, J. A. (1989). Pain location: validity and reliability of body outline markings by hospitalized children and adolescents. <i>Res Nurs Health</i>, 12(5), 307–314.</p> <p>Other references:</p> <p>Fernandes, A. M., De Campos, C., Batalha, L., Perdigao, A., & Jacob, E. (2014). Pain assessment using the adolescent pediatric pain tool: a systematic review. <i>Pain Res Manag</i>, 19(4), 212–218.</p> <p>Jacob, E., Mack, A. K., Savedra, M., Van Cleve, L., & Wilkie, D. J. (2014). Adolescent pediatric pain tool for multidimensional measurement of pain in children and adolescents. <i>Pain Manag Nurs</i>, 15(3), 694–706.</p> <p>Savedra, M. C., Holzemer, W. L., Tesler, M. D., & Wilkie, D. J. (1993). Assessment of postoperation pain in children and adolescents using the adolescent pediatric pain tool. <i>Nurs Res</i>, 42(1), 5–9.</p> <p>Savedra, M. C., Tesler, M. D., Holzemer, W. L., & Brokaw, P. (1995). A strategy to assess the temporal dimension of pain in children and adolescents. <i>Nurs Res</i>, 44(5), 272–276.</p> <p>Tesler, M. D., Savedra, M. C., Holzemer, W. L., Wilkie, D. J., Ward, J. A., & Paul, S. M. (1991). The word-graphic rating scale as a measure of children's and adolescents' pain intensity. <i>Res Nurs Health</i>, 14(5), 361–371.</p> <p>Wilkie, D. J., Holzemer, W. L., Tesler, M. D., Ward, J. A., Paul, S. M., & Savedra, M. C. (1990). Measuring pain quality: validity and reliability of children's and adolescents' pain language. <i>Pain</i>, 41(2), 151–159.</p>
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